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NIXON PEABODY LLP

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DEC 29 2004

Nixon Peabody LLP
Attorneys at Law100 Summer Street
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(617) 345-1000

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2) Susan Ungar		571-273-0837	
3)		571-273-8300	
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User #: 7468	Ext: 6054	Disbursement Amount: \$	

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Practitioner's Docket No. 700157-48012-RCE

PATENT**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: David E. Fisher

Application No.: 09/229,283 Group No.: 1642
Filed: 01/13/99 Examiner: UNGAR, Susan
For: USE OF MICROPTHALMIA FOR DIAGNOSIS, PROGNOSIS AND/OR
TREATMENT OF MELANOMA

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATION OF FACSIMILE TRANSMISSION

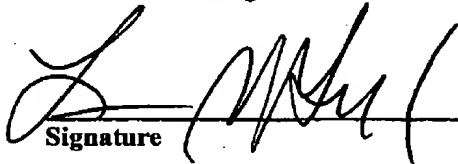
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1. Certification of Facsimile Transmission (1 pg.);
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4. Fee Transmittal (1 pg.); and
5. Supplemental Amendment (5 pp.).

December 29, 2004

Date

Linda M. Ginsberg


Signature

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PTO/SB/21 (09-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/229,283
	Filing Date	January 13, 1999
	First Named Inventor	David E. Fisher
	Art Unit	1642
	Examiner Name	UNGAR, Susan
	Attorney Docket Number	700157-48012-RCE
Total Number of Pages In This Submission		

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certification of Facsimile Transmission
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Nixon Peabody LLP, 100 Summer Street, Boston, MA 02110		
Signature			
Printed name	Ronald I. Eisenstein/Nicole L.M. Valtz		
Date	Dec. 29, 2004	Reg. No.	30,628/47,150

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known		
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/229,283	
		Filing Date	January 13, 1999	
		First Named Inventor	David E. Fisher	
		Examiner Name	UNGAR, Susan	
		Art Unit	1642	
TOTAL AMOUNT OF PAYMENT	(\$)	60.00	Attorney Docket No.	700157-48012-RCE

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**
 - 20 or HP = x =
 HP = highest number of total claims paid for, if greater than 20
Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**
 - 3 or HP = x =
 HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**
 - 100 = / 50 = (round up to a whole number) x 125.00 = 0.00

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: One month extension of time

Fees Paid (\$)

60.00

SUBMITTED BY		Registration No.	Telephone
Signature	<u>Ronald I. Eisenstein/Nicole L.M. Valtz</u>	30,628/47,150	617-345-6054
Name (Print/Type)	Ronald I. Eisenstein/Nicole L.M. Valtz		Date December 29, 2004

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Attorney Docket No.: 700157-48012

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: David E. Fisher

EXAMINER: S. Ungar

SERIAL NO.: 09/ 229,283

GROUP: 1642

FILED: January 13, 1999

FOR: USE OF MICROPHTHALMIA FOR DIAGNOSIS, PROGNOSIS AND/OR
TREATMENT OF MELANOMA

CERTIFICATE OF FACSIMILE (37 C.F.R. SECTION 1.8(a))

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Date

12/29/04

Linda M. Ginsberg

(type or print name of person mailing paper)

Signature of person mailing paper

MAIL STOP AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Dear Sir:

In response to the Office Communication dated November 18, 2004, Applicants previously filed by facsimile an Amendment, including a corrected Listing of Claims, on November 23, 2004. During the telephone interview with Examiner Ungar on December 21, 2004, applicants learned that the November 23, 2004 Amendment had not been received. Applicants have not been able to locate proof that the Amendment was filed by facsimile on November 23, 2004. Accordingly, in response to the November 18, 2004 communication, applicants are submitting herewith a Petition for One Month Extension of Time and fee. Please amend the application as follows, including the corrected Listing of Claims:

Amendments to the Claims begin on page 2 of this paper.

Remarks begin on page 5 of this paper.

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